Fields of Opportunities

INFORMATIONAL LETTER NO. 907

DATE: May 24, 2010

TO: Iowa Medicaid Local Education Agency and Early Access Service Coordinator Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

RE: Non-emergency Medical Transportation

The IME has determined that there has been overpayment of non-emergency medical transportation claims due to calculation errors. In order to address this concern the edit to suspend medical transportation claims that exceed a certain cost has been set to pre-2007 values. This change affects the following non-emergency medical transportation procedure codes:

A0090 Non-emergency transport per mile
A0100 Non-emergency transport taxi
A0110 Non-emergency transport bus
A0120 Non-emergency transport mini bus and
A0130 Non-emergency transport wheelchair van

A0090 Non-emergency transport per mile
The units are calculated by taking the number of miles in the round trip (to the place of medical care and back) and multiplying it by the number of days in the month that the services occurred. When billing by the month the units on the claim form is the number of **total** miles in a month date span. The charge is determined by the calculation of the number of miles times the rate per mile as determined by DE. This is the only code where the number of miles is on the claim form.
This code will suspend for review if the total number of miles equals or exceeds 3000 miles ($1,170.00 at $0.39 per mile).

The charges for the following codes are calculated by taking the number of miles in the round trip (to the place of medical care and back) and multiplying it by the rate per mile (your agency's approved rate per mile) and for a month time span multiplied by the number of days in the month that the services occurred. The units are the number of days, but the charge is determined by the calculation.

A0100 Non-emergency transport taxi (will suspend for review if total cost equals or exceeds $1,181.28).
A0110 Non-emergency transport bus (will suspend for review if total cost equals or exceeds $1,181.28)
A0120 Non-emergency transport mini bus (will suspend for review if the total cost equals or exceeds $703.80).
A0130 Non-emergency transport wheelchair van (will suspend for review if the total cost equals or exceeds $1150.00).

Procedure if the claim suspends for review
If the claim exceeds the limits noted above, then the IME will review the trip logs which support the claim. For all claims that exceed the values above if trip logs are not attached to the claim then the claim will deny for documentation. The provider will then need to resubmit the claim with the necessary documentation. When a provider is aware that the claim exceeds the limit, then the provider should bill the original claim with the necessary documentation. This will prevent a delay in claim payment.

When documentation is required there are different procedures for paper vs. electronic filing. When billing on paper, send the trip log with the paper claim. When billing electronically, utilize the 'ACN' process where the claim is submitted electronically and the provider enters an ACN number on the claim and sends the "Claim Attachment Control" form with the same ACN number along with the trip log. The IME will then be able to access the ACN attachment when reviewing the electronic claim. The 'Claim Attachment Control' form (470-3969) can be found on the IME website in the Forms section. Instructions for the use of this form are on the form itself and in the provider manual. If the trip log provides sufficient information to support the claim then the claim is approved for payment. If there is insufficient information on the trip log to support the claim then the claim is denied.

If you have questions, please contact the IME Provider Services Unit at 1-800-338-7909 or 515-256-4609 (local) or email at imeproviderservices@dhs.state.ia.us.